## **VACANCY NOTICE**

FOR OPPORTUNITIES IN RHODE ISLAND STATE GOVERNMENT

| tion   |   | n Attendant (VH) 40 hr   | CLASSIFICATION                               | _                       | 02152300<br>1235-10000-765 |               |
|--|---|--|--|-------------------------|----------------------------|---------------|
|  | SALARY RANGE: Gr. 14 (\$269   |  |  | REFERENCE POSITION NO.: |                            |               |
| SSi  | Department of Human Services  |  | APPLICATION PERIOD:                          |                         | 3/25/05 - 3/31/05          |               |
| ٩  | Division/Section/Unit Ve  | eterans Affairs  | GRACE PERIO                                  | D ENDS                  | 4/3/2005                   |               |
| 6  | Assignment(s) / Comments Sh   | Assignment(s) / Comments Shift/Days Off Subject to Contractual bidding |  |                         |                            |               |
| Description of Position  | Shift and Days: To Be Determined Job Location: Veterans Home, Bristol   |  |  |                         |                            |               |
|  | Restrictions/Limitations: None  |  |  |                         |                            |               |
|  | Position Covered By Collective Bargai   | ning Union Agreement   | Yes  | <b>X</b>                | No                         |               |
|  | Name of Bargaining Unit Union:  | Council 94, Local 904  |  |                         |                            |               |
|  | There is*_ is not _X_ a Civil Service List for this position See A/B or Both for Specific Instructi   |  |  |                         | structions                 |               |
|  | * NOTE: If there is a list, only laterals   | (employees with the same tit   | le) or individuals certif                    | fied by OPA ma          | v be appointed to this p   | osition.      |
|  | INSTRUCTIONS:   | (  | ,  |                         | у ас арренней не ине р     |               |
| General Information to Candidate   | A. STATE EMPLOYEE LATERAL BIDDER: Bids are now being accepted for the position(s) indicated. If you are currently in this classification and  |  |  |                         |                            |               |
|  | wish to bid, please complete fully the CS-14 Application Form; and RIEEO 378 Affirmative Action Card. Remember to include, either on the application or within  |  |  |                         |                            |               |
|  | a cover letter, both the File Position Title and Number.  |  |  |                         |                            |               |
|  | Most Important - Please include the following information:  |  |  |                         |                            |               |
|  | <u> </u>  | -  |  |                         |                            |               |
|  | The title of the position for which you are applying  | ng   | <ul> <li>Name of department where</li> </ul> | e you are currently e   | mployed                    |               |
| Ĕ  | Title of your present position and date you enter   | red it   | Your business telephone n                    | number                  |                            |               |
| ပိ   |   |  |  |                         |                            |               |
| \$   | • Date you entered State service • Present Union Affiliations   |  |  |                         |                            |               |
| 5  | *** In certain agencies, bargaining union applicants will receive preferential consideration according to contract.  B. NON INCLIMPENTATOR STATE EMPLOYEE ADDITIONS:  |  |  |                         |                            |               |
| ati  | B. NON INCUMBENT/NON STATE EMPLOYEE APPLICANT:  |  |  |                         |                            |               |
| ξl   | If indicated above that <u>no civil service</u> list exists for this position, you need not be in the class of position, or be in State service to apply. All information requested on the application form must be furnished. The information you give will be used by the agency Personnel Office to determine your qualifications. If an |  |  |                         |                            |               |
| 후  | requested on the application form must be turnished. The information you give will be used by the agency Personnel Office to determine your qualification item does not apply to you, or if there is no information to be given, write in the letters "N.A." for Not Applicable. If you fail to answer all the questions on                 |  |  |                         |                            |               |
| 트  | application form, you may delay consideration of your application.  |  |  |                         |                            |               |
| <u>a</u>   | C. AMERICANS WITH DISABILITIES ACT (ADA) PROVISIONS:  |  |  |                         |                            |               |
| e l  | <del>-</del>  |  |  |                         |                            |               |
| ဖွံ  | • Reasonable Accommodations:  If an applicant is unable to perform any essential job functions because of his/her disability but can achieve the required results by means of a REASONABLE  |  |  |                         |                            |               |
|  | ACCOMMODATION, then the individual shall not be considered unqualified for therefore the position.  |  |  |                         |                            |               |
|  | Medical Information:  |  |  |                         |                            |               |
|  | Any medical exams required for this position will be performed after a conditional offer of employment has been made in accordance with the Rules/Regulations   |  |  |                         |                            |               |
|  | of the Americans with Disabilities Act (ADA).   |  |  |                         |                            |               |
|  | DUTIES / RESPONSIBILITIES   |  |  |                         |                            |               |
| နွ   |   |  |  |                         |                            |               |
|  | The primary function is to assist in the administering of medications to residents/patients as ordered by the   |  |  |                         |                            |               |
| 単  | attending physician, under the direction of the charge nurse, nursing supervisor and director of nursing  |  |  |                         |                            |               |
| ے  | services. Is responsible for the administration of medications in accordance with established nursing   |  |  |                         |                            |               |
| 6  | standards, policies, procedures, practices of the facility and the Rules and Regulations as required by the   |  |  |                         |                            |               |
| attending physician, under the direction of the charge nurse, nursing supervisor and director of nu services. Is responsible for the administration of medications in accordance with established nurse standards, policies, procedures, practices of the facility and the Rules and Regulations as required State. To perform such duties as a certified nursing assistant as assigned by the director of nursing supervisor and supervisor and supervisor |   |  |  |                         |                            | •             |
| Ĕ  | services.   |  |  |                         |                            |               |
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| Str  |   |  |  |                         |                            |               |
|  |   |  |  |                         |                            |               |
|  |   |  |  |                         |                            |               |
|  | EDUCATION / EXPERIENCE  | /SPECIAL RECUIRE   | MENTS:                                       |                         |                            |               |
| ᄶ  | EDUCATION / EXPERIENCE / SPECIAL REQUIREMENTS:  (A class specification describing the duties of the position and the minimum qualifications will be furnished upon request.)  |  |  |                         |                            |               |
| ~  |   |  |  |                         |                            |               |
| ای ق   | Graduation from a senior high school; and employment in a private or public institution for the care and  |  |  |                         |                            |               |
| 8 8  | treatment of illness, mental illness or for the care and custody of the mentally retarded; or any substantially   |  |  |                         |                            |               |
| 를등   | equivalent education and experience. Must be certified by the State of Rhode Island Department of Health  |  |  |                         |                            |               |
| E P  | Certified Nursing Assistant (CNA). Physical examination required. Must have satisfactorily completed a  |  |  |                         |                            |               |
| num Educati<br>Experience  | state approved program in drug administration.  |  |  |                         |                            |               |
| ا ۳ قِ   |   |  |  |                         |                            |               |
| Minimum Education &<br>Experience  |   |  |  |                         |                            |               |
| -  |   |  |  |                         |                            |               |
|  |   |  |  |                         |                            |               |
| Where to<br>Apply  | Apply within the application period as shown on this announcement. NOTE: Some State union contracts allow a 3 day grace period for receipt of CS-14   |  |  |                         |                            |               |
|  | application or bid. This Office does not assume responsibility for applications sent through the mail.  SEND RESUME or CS-14 Application to:  |  |  |                         |                            |               |
|  |   |  | _  | · <u> </u>              |                            | THOUSE COLUMN |
|  | Ann DeBonis   |  | Telephone #:                                 | 401-462-2481            |                            |               |
|  | Department of Human Services  |  | Fax #:                                       | 401-462-2041            |                            | /_   _ (\     |
|  | 600 New London Avenue   |  | TTY/TDD #:                                   | 401-462-3363            |                            |               |
|  | Cranston, RI 02920 (Telecommunication Device for the Deaf)  |  |  |                         |                            |               |